

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L81239

1. Corporation Name

KODE BLEU, INC.

Principal Place of Business

KODE BLEU, INC.  
316 WILSHIRE BLVD.  
CASSELBERRY FL 32707  
US

Mailing Address

KODE BLEU, INC.  
316 WILSHIRE BLVD.  
CASSELBERRY FL 32707  
US

3. Date Incorporated or Qualified  
06/15/1990

3a. Date of Last Report  
05/01/1995

4. FEI Number

59-3017876

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

KEYES, SYLVIA  
522 OAK ST  
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOT  
KEYES, SYLVIA  
522 OAK ST  
DAYTONA BEACH FL 32114

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P Now VP  
KEYES, JOHN  
522 OAK STREET  
DAYTONA BEACH FL 32114

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP Treas.  
MASSENGALE, MACARTHUR  
3529 NW 35TH ST.  
COCONUT CREEK FL 33066

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BRANNAN, CONNIE  
2780 SOMMERSET DR. #P-318  
FT. LAUDERDALE FL 33311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
JOHN KEYES  
522 Oak Street  
Daytona Beach, FL 32114

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Same CEO/T

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
President  
SYLVIA KEYES  
522 Oak Street  
Daytona Beach, FL 32114

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Treasurer  
MASSENGALE, MACARTHUR  
3529 NW 35th St.  
Coconut Creek, FL 33066

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Same

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 3, 1996

Date

Daytime Phone #

CR2E034 (12/95)